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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/772,873	
	Filing Date	February 5, 2004	
	First Named Inventor	Scott A. Bosman	
	Group Art Unit	3636	
	Examiner Name	Peter R. Brown	
Total Number of Pages in This Submission	14	Attorney Docket Number	1335.091

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
DECLARATION		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew S. McConnell, Registration No. 32,272 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C., Customer No.: 23598
Signature	
Date	11/1/04
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: November 1, 2004	
Type or printed name	Dawn M. Oleszak
Signature	
Date	November 1, 2004

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<b>COMPLETE TRANSMITTAL</b> for FY 2004 <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/772,873
		Filing Date	February 5, 2004
		First Named Inventor	Scott A. Bosman
		Examiner Name	Peter R. Brown
		Group Art Unit	3636
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	1335.091
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$110.00)</b>	

<b>METHOD OF PAYMENT (check all that apply)</b>				<b>FEE CALCULATION (continued)</b>			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				<b>3. ADDITIONAL FEES</b>			
<input type="checkbox"/> Deposit Account				<b>Large Entity</b> <b>Small Entity</b>			
Deposit Account Number: 50-1170				Fee	Fee	Fee	Fee
Deposit Account Name: Boyle, Fredrickson, Newholm, Stein & Gratz S.C.				105	130	205	65
<b>The Commissioner is authorized to: (check all that apply)</b>				Surcharge - late filing fee or oath			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				127	50	227	25
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				Surcharge - late provisional filing fee or cover sheet			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				139	130	139	130
				147	2,520	147	2,520
				112	920*	112	920*
				113	1,840*	113	1,840*
				115	110	215	55
				116	430	216	215
				117	980	217	490
				118	1,530	218	765
				128	2,080	228	1,040
				119	340	219	170
				120	340	220	170
				121	300	221	150
				138	1,510	138	1,510
				140	110	240	55
				141	1,370	241	685
				142	1,370	242	685
				143	490	243	245
				144	660	244	330
				122	130	122	130
				123	50	123	50
				126	180	126	180
				581	40	581	40
				146	790	246	395
				149	790	249	395
				179	790	279	395
				169	900	169	900
				Other fee (specify) _____			
				<b>SubTOTAL (3) (\$110.00)</b>			

<b>1. BASIC FILING FEE</b>			
<b>Large Entity</b>	<b>Small Entity</b>	<b>Fee Description</b>	<b>Fee Paid</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	790	201	395
106	350	206	175
107	550	207	275
108	790	208	395
114	160	214	80
<b>SubTOTAL (1) (\$0)</b>			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
<b>Total Claims</b>			
Independent Claims: 20** = X Fee from below = Fee Paid			
Multiple Dependent Claims: 3** = X Fee from below = Fee Paid			
<b>Large Entity</b> <b>Small Entity</b>			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
102	88	202	44
104	300	204	150
109	88	209	44
110	18	210	9
<b>SubTOTAL (2) (\$0)</b>			
** or number previously paid, if greater; For Reissues, see above			

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Andrew S. McConnell	Registration No. (Attorney/Agent)	32,272
Signature	<i>Andrew S. McConnell</i>	Telephone	414-225-9755
		Date	11/1/04

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